

EXHIBIT A

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEDOUTS OR ALTERATIONS
VS-11 (REV 3/06)

3202249004268

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DIANA		2. MIDDLE LYNN	
3. LAST (Family) LIPTON			
4. AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. DATE OF BIRTH mm/dd/yyyy 09/08/1950	
6. AGE Yrs. 72		7. UNDER ONE YEAR Months _____ Days _____ Hours _____ Minutes _____ F	
8. BIRTH STATE/FOREIGN COUNTRY CA		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER [REDACTED]		11. MARITAL STATUS/SHIP? At time of Death DIVORCED	
12. DATE OF DEATH mm/dd/yyyy 12/08/2022		13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S	
14. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SALES		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE	
18. YEARS IN OCCUPATION 43		19. RESIDENCE (Street and number, or location) 2728 IRONSTONE CIRCLE	
20. CITY SANTA ROSA		21. COUNTY/PROVINCE SONOMA	
22. ZIP CODE 95407		23. YEARS IN COUNTY 21	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP EVIE WILLNER, SISTER	
26. INFORMANT'S MAILING ADDRESS (Street and number, or location) 9962 PETROGLYPH CANYON AVE, LAS VEGAS, NV 89166		27. NAME OF SURVIVING SPOUSE/SPD/FIRST -	
28. NAME OF FATHER/PARENT-FIRST LLOYD		29. MIDDLE -	
30. LAST (BIRTH NAME) -		31. NAME OF MOTHER/PARENT-FIRST AIDA	
32. MIDDLE -		33. LAST MOXON	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT-FIRST WEINGER	
36. MIDDLE -		37. LAST (BIRTH NAME) WEINGER	
38. BIRTH STATE CA		39. DISPOSITION DATE mm/dd/yyyy 12/15/2022	
40. PLACE OF FINAL DISPOSITION SCATTER AT SEA OFF THE COAST OF LOS ANGELES COUNTY		41. TYPE OF DISPOSITION CREMATE/SCATTER AT SEA	
42. SIGNATURE OF EMBALMER ► NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT SMART CREMATION		45. LICENSE NUMBER FD2008	
46. SIGNATURE OF LOCAL REGISTRAR ► SUNDARI R. MASE, MD, MPH		47. DATE mm/dd/yyyy 12/14/2022	
48. PLACE OF DEATH KAIser FOUNDATION HOSPITAL - SANTA ROSA		49. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other	
50. COUNTY SONOMA		51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 401 BICENTENNIAL WAY	
52. CITY SANTA ROSA		53. DEATH REPORTED TO CORONER NO	
54. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardio arrest, respiratory arrest, or ventricular fibrillation without defining the etiology. DO NOT abbreviate. IMMEDIATE CAUSE (Final disease or condition resulting in death) <input checked="" type="checkbox"/> URINARY TRACT INFECTION SEQUENTIAL: List conditions, if any, leading to cause on Line A. Enter under "UNDERLYING" if injury that initiated the events resulting in death LAST. <input type="checkbox"/> URINARY OBSTRUCTION <input type="checkbox"/> OVARIAN CANCER <input type="checkbox"/> (B) (3) 101. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardio arrest, respiratory arrest, or ventricular fibrillation without defining the etiology. DO NOT abbreviate. IMMEDIATE CAUSE (Final disease or condition resulting in death) <input checked="" type="checkbox"/> URINARY TRACT INFECTION SEQUENTIAL: List conditions, if any, leading to cause on Line A. Enter under "UNDERLYING" if injury that initiated the events resulting in death LAST. 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other 104. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) DAYS 105. DEATH REPORTED TO CORONER NO 106. DEATH PERIOD 12/14/2022 107. BOPPY PERFORMED? NO 108. AUTOPSY PERFORMED? NO 109. YEARS 12/14/2022 110. USED IN DETERMINING CAUSE? NO 111. PREGNANT IN 1ST YEAR? NO 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO 114. DECEASED PREGNANT IN 1ST YEAR? NO 115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 11/28/2022 12/08/2022 116. SIGNATURE AND TITLE OF CERTIFIER ► ROBERT MARTIN O'MALLEY, MD 117. LICENSE NUMBER C151692 118. DATE mm/dd/yyyy 12/14/2022 119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DIPAL PATEL, MD 401 BICENTENNIAL WAY, SANTA ROSA, CA 95403 120. INJURED AT WORK? NO 121. INJURY DATE mm/dd/yyyy 12/14/2022 122. HOUR 24 Hour 12/14/2022 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 126. SIGNATURE OF CORONER / DEPUTY CORONER ► 			

PHYSICIAN'S CERTIFICATION

CROUPER'S USE ONLY

STATE
REGISTRARCERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SONOMA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

DATE ISSUED
DEC 19 2022

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of Clerk-Recorder.

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Deva Marie Proto
DEVA MARIE PROTO, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

